DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ORIGINAL

PRINTED: 03/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	435086		03/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR	611 EAST 2ND AVE FLANDREAU, SD 57028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 16385 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/17/14 through 3/19/14. Riverview Manor was found not in compliance with the following requirement: F441.	F 000	Addendums noted with an asterisk per 4/10/14 telephone to facility DON. DK/SDDOH/MF	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

4/14/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	435086		03/19/2014

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RIVERVIEW MANOR	611 EAST 2ND AVE FLANDREAU, SD 57028

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F 441	Continued From page 1 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, interview, and policy review, the provider failed to ensure aseptic (clean) techniques were followed for wound dressing changes by one physical therapist (A) and one unlicensed assistive personal (B) for two of two sampled residents (2 and 3). Findings include: 1. Observation on 3/18/14 at 8:45 a.m. of physical therapist (PT) A performing a wound debridement (removal of dead skin tissue from a pressure ulcer) for resident 2 revealed he: *Entered the resident's room with a dressing tray (a small tray covered with a cloth containing utensils to be used for debriding the pressure ulcer). *Placed the tray on the floor with no barrier beside the bed. *Applied gloves. *Lifted the tray slightly off the floor, then returned it to the floor. *Used his gloved hand to pull the privacy curtain back. *Sat on the floor beside the resident's bed and pulled the current dressing away from the wound.	F 441	A. Present policy for Clean Technique/Wound Dressing Change reviewed and revised by Director of Nursing. Revised policy reviewed with Physical Therapist (A) and staff members (B & C). The updated Dressing Change policy reviewed with nurses and MTA's at in-service on 04/04/2014 as well as specific areas noted in survey findings. Timing and technique for hand washing/gloving were reviewed as well as preparation and handling of dressing and wound care supplies to ensure proper infection control measures maintained throughout procedure. [redacted] DK/SDDH/MF *Two Wound care with dressing changes will be monitored for compliance by Director of Nursing and/or Infection Control Nurse every week x 4; then every month x 3, and then quarterly until deemed appropriate to discontinue by Quality Assurance Committee. DK/SDDH/MF *to include resident 2 DK/SDDH/MF Results of monitoring will be reported to the Director of Nursing who will report to the Quality Assurance Committee monthly x 3 and then quarterly. *Resident 3 was discharged. DK/SDDH/MF	05/05/2014

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	435086		03/19/2014

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F 441	Continued From page 2 With the same soiled gloved hand he: *Pulled off an area of necrotic (dead) skin using his fingers. *Trimmed away edges of slough (dead skin) with a scissor. *Cleansed the wound with sterile water. Using those same soiled gloves he: *Removed a clean dressing from its sealed wrapper. *Reached for a tube of wound gel from licensed practical nurse (LPN) C and applied gel onto the dressing. *Applied the dressing to the wound. *Handed LPN C the tube of wound gel, who then returned it to the clean dressing basket without disinfecting it. *Applied the resident's podus boot (used to relieve pressure from the wound). Only at that time did he remove the soiled gloves and wash his hands. Interview on 3/19/14 at 2:15 p.m. with the director of nursing (DON) revealed: *She agreed the staff had not used aseptic technique with the dressing change. *The PT was scheduled to attend a workshop on wound care. *The provider would need to provide equipment to prevent the PT from placing dressing change equipment on the floor. Surveyor: 33265 2. Observation on 3/19/14 at 7:40 a.m. of unlicensed assistive personnel (UAP) B performing a wound dressing change for resident 3 revealed she:	F 441		

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	435086		03/19/2014

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F 441	Continued From page 3 *Entered the resident's room with the treatment cart. *Raised the side table on the cart and placed a washcloth on the top of the flat surface. *Withdrew a scissors, a squeeze vial of normal saline (NS), a pack of 2 by 2 gauze dressing, a roll of tape from the cart drawers and placed those items on the washcloth. *Put clean, not sterile gloves on. *Reached back into the cart drawers, removed a Granulex (agent that helps clear away dead tissue) aerosol can, and a Telfa pad dressing. *She then removed the cover from the Granulex spray can and opened the Telfa pad dressing while still wearing the same gloves. *Cut the used bandage away from resident 3's right elbow using the bandage scissors. *Put the old dressing in a small plastic bag and placed the soiled scissors on the washcloth. *Twisted the top off of the plastic NS vial, squeezed NS onto the 2 by 2 gauze, and wiped the wound area wearing the same gloves. *Picked up the Granulex spray can and sprayed the wound area. *Removed the gloves and placed those in a small plastic bag with the old bandage. *With bare hands applied the Telfa pad dressing, wrapped the wound area with the cling wrap, and taped the cling wrap in place. *Used the gel hand sanitizer. *Picked up the scissors, cleaned the scissors with an alcohol pad, and immediately placed the scissors back in the drawer without letting them have time to dry. *Threw the small plastic bag with the used bandage and soiled gloves in the garbage can. *Placed the washcloth into the soiled linen container.	F 441	B. Present policy for Clean Technique/Wound Dressing Change reviewed and revised by Director of Nursing. Revised policy reviewed with Physical Therapist (A) and staff members (B & C). The updated Dressing Change policy reviewed with nurses and MTA's at in-service on 04/04/2014 as well as specific areas noted in survey findings. Timing and technique for hand washing/gloving were reviewed as well as preparation and handling of dressing and wound care supplies to ensure proper infection control measures maintained throughout procedure. [redacted] DK/RDDH/MF *to include resident 3 DK/RDDH/MF *Two DK/RDDH/MF Wound care with dressing changes will be monitored for compliance by Director of Nursing and/or Infection Control Nurse every week x 4; then every month x 3, and then quarterly until deemed appropriate to discontinue by Quality Assurance Committee. Results of monitoring will be reported to the Director of Nursing who will report to the Quality Assurance Committee monthly x 3 and then quarterly. *DK/RDDH/MF [redacted] *Resident 3 was discharged. DK/RDDH/MF	

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	435086		03/19/2014

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RIVERVIEW MANOR	611 EAST 2ND AVE FLANDREAU, SD 57028

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F 441	Continued From page 4 Interview on 3/19/14 at 2:45 p.m. with the DON revealed: *She agreed the staff person had not used aseptic technique with the dressing change. *She agreed the staff person had not followed the provider's policy on dressing changes. 3. Review of the provider's June 2010 Dressing - Clean Technique policy revealed staff were to have: *Washed their hands before and after the dressing change. *Worn gloves to remove the soiled dressing. *Changed gloves before cleansing the wound. *Removed gloves before applying a clean dressing.	F 441		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 03/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	435086		03/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR	611 EAST 2ND AVE FLANDREAU, SD 57028

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K 000	INITIAL COMMENTS	K 000		
	Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 3/18/14. The original 1967 Riverview Manor (building 01) was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 3/18/14 upon correction of the deficiency identified below. Please mark an "F" in the completion date column for the deficiency identified as meeting the FSES to indicate the provider's commitment to continued compliance with the fire safety standards.			
K 020 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.	K 020		
	This STANDARD is not met as evidenced by: Surveyor: 14180 Based on observation and record review, the provider failed to maintain the one hour fire resistive rating of vertical openings. The front exit stair enclosure was separated by wire glass vision panels. The door from the stair enclosure			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator — 4/14/14

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	435086		**03/18/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR	**611 EAST 2ND AVE** **FLANDREAU, SD 57028**

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K 020	Continued From page 1 to the lower level was not equipped with latching hardware. Findings include: 1. Observation at 10:30 a.m. on 3/18/14 revealed the north exit stair enclosure used large wire glass vision panels as the vertical separation. Further observation revealed the wire glass door leading from the stair enclosure to the lower level lobby was not equipped with latching hardware. Review of previous survey data confirmed that condition had existed since the building was constructed. The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct the deficiency identified in K000.	K 020		F

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 1989 ADDITION B. WING	(X3) DATE SURVEY COMPLETED
	435086		03/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR	611 EAST 2ND AVE FLANDREAU, SD 57028

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K 000	INITIAL COMMENTS Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 3/18/14. The 1989 addition to Riverview Manor (building 02) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		

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APR 1 3 2014
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SOUTH DAKOTA DEPARTMENT OF HEALTH

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PRINTED: 03/27/2014
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	10620		03/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR	611 EAST SECOND AVENUE FLANDREAU, SD 57028

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S 000	Initial Comments Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 3/17/14 through 3/19/14. Riverview Manor was found in compliance.	S 000		

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